AFIA/SGO AFRC HSI TRIP BRIEF

Information current as of:

UNIT / DEMOGRAPHIC INFORMATION

Unit Name: Mailing Address:

Phone DSN: Comm:

FAX: DSN:

Name / Rank Sr ART:

How Long? E-mail:

Name / Rank Commander:

How Long?
E-mail:
HSI Project Officer:

Contact info (tel & e-mail):

Contact into (tet & e-mail)

Date of previous HSI:

Rating:

Personnel Assigned:

Officer: Enlisted:

Duty Hours: Mon-Fri:

UTA:

GSU Supported: YES / NO

Medical Personnel Assigned to GSU? YES / NO Squadron Medical Element (# personnel assigned):

Gaining Command:

Host Active Duty Base:

Wing Name:

Mailing Address:

Name / Rank Wing Commander:

DSN: E-mail:

Wing / Base Medical Support Mission

Your unit performs or has oversight resp. for: Demand Reduction / Drug Testing: YES / NO

Immunizations: YES / NO

Wing Advisor Self-Aid/Buddy Care Program: Y / N Physical Exams (Fly / non-fly / PHA): YES / NO Management of Workplace Surveillance: YES / NO

Occupational Health Exams: YES / NO

Deployment/Re-deployment Medical Activities: Y / N

Questions? Contact the Trip Coordinator or Medical

Manager inspector

Regional Support Group / SG:

Mailing Address:

AFRC/SGO

155 Richard Ray Blvd

Robins AFB GA 31098-1635

HSI TEAM INFORMATION

Dates of Inspection:

Arrival date:

Carrier / Time / Flight #:

Departure date:

Carrier / Time / Flight #:

Downtime dates: Location:

Team Composition

Team Chief (NC/MSC):

Training Inspector:

Nurse/MSC Inspector:

Medical Manager Inspector:

Trip Coordinator:

AFIA Over-The-Shoulder Inspectors:

Jumpseaters (name / rank & unit)

Per Diem Rate:

Meals \$
Lodging: \$
Total per day: \$

Lodging Information: (on / off base)

Name & Address (Hotel / Lodging office):

Phone Number:

Approx Distance from Unit:

Approx Time from Unit:

Lodging Amenities:

Data ports: YES / NO Continental breakfast: YES / NO

Coffee pots in room: YES / NO
Microwave in room: YES / NO

Refrigerator in room: YES / NO Iron / Board in room: YES / NO

Exercise facilities: YES / NO

Type Equipment:

On-base exercise facility?

Hours:

Location:

Type equipment?

Vehicle Information:

Rentals / AFIA reserves & funds:

Name:

Name: